

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26736

State File No.

0361

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No.

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Sullivan Meramec</u> | | c. CITY OR TOWN <u>Sullivan Mo.</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (If applicable) <u>6 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>Russell</u> | |
| 3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>Gordon</u> c. (Last) <u>Briggs</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 17 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>7-8-1914</u> |
| 9. AGE (In years last birthday) <u>40</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner & Driver</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner & Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ace Cab Co</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Valey Briggs</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hattie Tieman</u> | 14. NAME OF HUSBAND OR WIFE <u>Vivan Adolphson Briggs</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes unknown</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>485-05-0298</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Willis Briggs</u> ADDRESS <u>Sullivan Mo</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUICIDE * SELF-INFLICTED</u> | | DUPLICATE TO (b) <u>32 CALIBER AUTOMATIC</u> | |
| ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUPLICATE TO (c) <u>Gun Inserted in Mouth</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>E976X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ace Cab Office</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan Franklin Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-17-1954 12P</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Ernest P. Ottensmeyer</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Herald Mo.</u> | 23c. DATE SIGNED <u>Aug 18, 1954</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 20 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sullivan MO</u> |
| DATE REC'D BY LOCAL REG. <u>8/18/54</u> | REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos P. Shaffer</u> | ADDRESS <u>Sullivan Mo</u> |

SEP 7 1951

AUG 25 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Paul F. Knoellen

Licensed Embalmer No. 263

P. O. Address Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.